1999 FORM MO-1040

	ightharpoonup Missouri	INI	IIVIC	DUAL IN	ICOME TA	AX RETU	RN							FORM	MO	-1040B
YO	UR LAST NAME				FIRST NAME			ı	MIDDLE INITIAL	YOUR	SOCIAL SEC	URITY N	NUMBER			
SPOUSE'S LAST NAME FIRST NAME MIDDLE INITIA											YOUR SPOUSE'S SOCIAL SECURITY NUMBER					
PRESENT ADDRESS (INCLUDE APT. NO. OR RURAL ROUTE) COUNTY OF RESIDENCE SCHOOL DISTRICT NO. (SEE F													E PGS. 13-14			
СІТ	Y, TOWN OR POST OF	FICE,	STATI	E AND ZIP CO	DDE											
PLI	EASE CHECK THE APP	ROPF	RIATE E	BOXES THAT	APPLY TO YOU	J AND YOUR S	POUSE									
AC	GE 65 OR OLDER YOURSELF SPO		_	LIND	_ 🗆		DISABLED	A A	AMAN BE	_	OBLIGAT	_		MANA CANA		
Ш	YOURSELF L SPO	USE		_ YOURSELI	F SPOUSE	YOU	IRSELF L SI	POUSE ""	(\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\	Y(USE	Author		
	2. 3. 4.	retu Sub Sub TO 1	rn? E tract a tract 'AL II	nter Line 1 any state in Line 2 from NCOME. A	8 from the Nacome tax reforms 1. Thing did both number 1.	I income on y Worksheet of Fund include s is your Mis inbers on Lin	n page 4. d in your 199 ssouri Incom e 3 and ent	99 federal in ne er here	come	1 2 - 3 =	<u>4</u>	rself	00 00 00	- =	r Spo	00 00 00
	5.					e 3 by Line 4 100%. Rou			pouco.	G.	5		%		%	
DEDUCTIONS	 Exemption What was your reported on Do not use What is your Enter the tot return and m Enter the tot federal retur TOTAL DEE 	our foyour your stan al nu nultip al nu	edera 1999 r Fori ndara imbei ily by imbei d mul	I income of federal rem W-2(s). If or itemizer of dependent of federal tiply by \$1	tax iturn? zed deduction dents you cla o not inclu dents age 6 ,000. (Do no	on? See bac aimed on yo de yourself 55 or older yo ot include y	Enter \$10,0 ck of form for ur federal our spouse. Ou claimed courself or s	on your spouse.	wer is less.	61,200 x \$1	,000 . 10	+ + + +	4,20	0 0	00 00 00 yy	Do not include ourself or your spouse.
_	TI. TOTAL DLL	<u>лос</u>	T											+ 0	_	
<u>ა</u>	(s)		12.			NCOME (Li	,				12			00		
င္ပ	-660 × 372	TAXES	13.					u determined in Line 5			You	ırself		You	r Spo	-
ENCLOSE COPY OF	r(s)										13		00			00
	DEDUCTIONS (Line 11) 13. Multiply Line 12 by the percentages you determined in Line 5. Do this for you and your spouse. 14. Use the tax table on back of this form to figure the tax on amounts from Line 13 for you and your spouse.						14			00						
_		<u> </u>	15.						from Line 1						0	
PAYMENTS/REFUND	 16. What is your a 17. Did you make your 1998 ref 18. TOTAL PAY 19. If amount of ¹ 	any und	Miss credi	souri estim ted to your Add Lines	ated tax pay 1999 estim 16 and 17 ar	ments for 19 ated payment ated enter the	999? If so, ints. (This manamount her	nclude any ay not apply	amount of to you.)	M.	9-R(s). 16 17 18			0	00	
NTS	enter the diffe	eren	ce he	re. You ha	ve overpaid.	. If not, enter	r the amoun	t on Line 23	B	dren's	19	ans Trust	Eld	derly Home	00 Mis	ssouri National
AYME	20. You may don or all of the tr the amount o	ust f	unds	listed to th	e right. Plea	se indicate	your choices	s and	Trus	st Fund	Fund	00	Tru	elivered Meals ust Fund	Mis Gua	ard Trust Fund
	21. What is the a want applied				Marian	=					21			0	00	
TO	22. Your REFUN Mail to: Depart	D. L	ine 19	minus Lir	nes 20 and 2	21.			Line 18 is les					enue,	<u></u>	N/3
MAIL	P.O. Box 500 MO 65106-0), Je	ffers	on City,	. 22		00	' '\ P.	O. Box 329, ty, MO 6510	Jeffer	son		or Reve		00	
_	Under penalties of perjury, I					companying schedu							eclaration of n	1		E P F
RE	(other than taxpayer) is base	d on all	informat	ion of which he/sh	ne has any knowledo	ge. As provided in C	hapter 143, RSMo,	a penalty of up to \$	500 shall be impose			a frivolous	return.	ONLY		
SIGNATURE	I authorize the Director of R YOUR SIGNATURE	evenue	or dele	gate to discuss m	y return and enclos	DATE DATE	rer or any member	of his/her firm. PREPARER'S \$	YES NO		1			I, SSN OR PTIN		
Ŝ B	SPOUSE'S SIGNATURE					DAYTIME TELEF	PHONE	DDEDARENIO	ADDRESS AND ZIP	CODE				DATE		
က	S. SOUL O GIGINATURE				# //	SALL LINKE TELEF		I WEI WILLY ST	SUNEOU AND AIR	JUDE					-	

STANDARD DEDUCTION AMOUNTS

• Married Filing A Combined Return — \$7,200

If you or your spouse marked any of the boxes for 65 or older or blind, please see your federal return for your standard deduction amount.

Federal Form	1040EZ	1040A	1040
Line Number or Amount	\$7,200	21	36

MISSOURI ITEMIZED DEDUCTIONS

- You will need to use the Line-by-Line Instructions.
- Complete only if you itemize deductions on Federal Form 1040, Schedule A.
- Enclose a copy of pages 1 and 2 of your Federal Form 1040 and Federal Schedule A. If you were *required* to itemize deductions on your federal return, check here \square . (See instructions)

1.	Total federal itemized deductions from Federal Form 1040, Line 36			1	00
2.	1999 (FICA) — yourself — Social security \$	+ Medicare \$		2	00
3.	1999 (FICA) — spouse — Social security \$	+ Medicare \$		3	00
4.	1999 Railroad retirement tax — yourself (Tier I and Tier II) \$	Medicare \$		4	00
5.	1999 Railroad retirement tax — spouse (Tier I and Tier II) \$	Medicare \$		5	00
6.	1999 Self-employment tax — yourself \$ Amount from	om Federal Form 1040, Line 27 \$	Difference	6	00
7.	1999 Self-employment tax — spouse \$ Amount from	om Federal Form 1040, Line 27 \$	Difference	7	00
8.	TOTAL — add Lines 1 through 7	<u></u>		8	00
9.	State and local income taxes — Review instructions and workshe	et below before completing 9	00		
10.	Kansas City and St. Louis earnings taxes included in Line 9	10	00		
11.	Net state income taxes — Subtract Line 10 from Line 9 or enter Line	8 from the worksheet below		11	00
12.	MISSOURI ITEMIZED DEDUCTIONS — subtract Line 11 from Line	8 (enter here and on front of form, Line 8) .		12	00
	NOTE: IF LINE 12 IS LESS THAN YOUR	FEDERAL STANDARD DEDUCTION	N, SEE INSTRU	CTIO	NS.

WORKSHEET FOR LINE 10 — STATE AND LOCAL INCOME TAXES — Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 33 is more than \$126,600 (\$63,300 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. See the instructions for the amount to enter in Missouri Itemized Deductions, Line 12, above. Please submit copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions.)

Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 3 (see page A-6 of Federal Schedule A instructions). If \$0 or less, enter \$0	1	00
Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 9 (see page A-6 of Federal Schedule A instructions).	2	00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5		00
4. Kansas City and St. Louis earnings taxes included on Federal Form 1040, Schedule A, Line 5	4	00
5. Subtract Line 4 from Line 3	5	00
6. Divide Line 5 by Line 1	6	%
7. Multiply Line 2 by Line 6	7	00
8. Subtract Line 7 from Line 5. Enter here and on Line 11 above	8	00

1999 TAX TABLE

										77.11	Mar/						
If Line 1	3 is		If Line 1	3 is		If Line 1	3 is		If Line 1	3 is		If Line 1	3 is		If Line 1	3 is	
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
Down To The Magnest Whale Deller											0.000		215				

Round To The Nearest Whole Dollar

Example — If Line 13 is \$12,000, the tax would be computed as follows: \$315 + \$180 (6% of \$3,000) = \$495

PLUS 6% of excess over \$9,000